

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-816)							SERIAL NO. OF <div style="font-size: 1.5em; font-family: cursive;">09889913</div>	FILING DATE
							APPLICANT(S)	
<div style="font-size: 1.2em; font-family: cursive;">7250 CLAIMS</div>								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
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MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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